



Business Account/Sole Proprietor/Non Profit
New Account Worksheet

CIF # Account # Assigned

Business/Entity Name: Type/Nature of Business:

Street Address*:

*Please note: PO Box Holders must furnish a physical address as well as mailing address.)

City: State: Zip +4:

Taxpayer ID #: Business Phone #

Business Fax #: Cellular #

E-mail/Website:

Type of Account:

Amount of Opening Deposit: \$

Source of Funds: Check Cash Internal Transfer (Account #:)

Do you/will you cash checks for people? Yes or No

Do you/will you perform wire transfers services (Moneygram, Western Union, etc.)? Yes or No

Do you/will you sell money orders? Yes or No

Do you/will you participate in Internet Gambling? Yes or No

Types of deposits/withdrawals typically made? Cash, Checks, Electronic, Wire Transfers

Other (more than one may be listed), If Other, please specify:

The information I have provided is correct to the best of my knowledge. I authorize this financial institution to check credit and or employment history should it be deemed necessary.

X (Signature of authorized signer/owner/partner)

Date

Bank Use Only

Copies to be forwarded to the Security Officer

Branch: Employee:

This sheet must be accompanied by:

Certificate of Incorporation/LLC-LLP Agreement

OFAC

Corporate/Non-Profit Resolution

Qualifile

Trade or Fictitious Name Certificate (Sole Props)

Other (Credit Report, Tax returns, etc.)

